



County of San Bernardino

F A S

CONTRACT TRANSMITTAL

FOR COUNTY USE ONLY

<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Vendor Code	SC	Dent. HRD	A	Contract Number
County Department Human Resources		Dept. HRD		Orgn. HRD	Contractor's License No.
County Department Contract Representative Robin Ohama		Telephone 387-5563		Total Contract Amount Varies	
Contract Type <input type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other:					
If not encumbered or revenue contract type, provide reason:					
Commodity Code		Contract Start Date	Contract End Date	Original Amount	Amendment Amount
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No. Amount
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No. Amount
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No. Amount
Project Name			Estimated Payment Total by Fiscal Year		
			FY	Amount	I/D

CONTRACTOR Hartford Life and Accident Insurance Company

Federal ID No. or Social Security No. 060838648

Contractor's Representative Jeffrey D. Valley

Address 5541 Fermi Court, Suite 100, Carlsbad, CA 92008 Phone (760) 476-5440

Nature of Contract: (Briefly describe the general terms of the contract)

Contract with Hartford Life for Basic Life, Basic Accidental Death and Dismemberment (AD&D), Voluntary Term Life, and Voluntary Accidental Death & Dismemberment benefits for the period of July 26, 2003 through July 25, 2006, with one 3-year extension option.

(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)

Approved as to Legal Form (sign in blue ink) County Counsel	Reviewed as to Contract Compliance TRANSMITTAL ONLY	Presented to BOS for Signature Department Head
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Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

Date _____

Keyed By